	NDIDATE / OFFICEHOL INANCE REPORT	DER 5321	FORM JC/OH COVER SHEET PG 1		
The JC/OH Instruction form.	พ Guide explains how to complete thi	1 ACCOUNT# (Ethics Commission filers) 000 33 444	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY		
NAME	NICKNAME JOHN	C . D	Date Roceived		
	Drolla	Jr:			
4 CANDIDATE/ OFFICEHOLDER ADDRESS	2005 South Oak	city: state: zipcode Canyon Road			
Change of Address	Austin, Texas	79746	Date Hand delivered or Date Posifianked		
5 CAMPAIGN TREASURER	TITLE FIRST	МІ			
NAME	NICKNAME LAST	C D.	Receipt # Amount, Date Processed		
	Drolla	\mathcal{J}_{Y} .	Dale Imaged		
6 CAMPAIGN TREASURER	STREET AUDRESS (NO PO BOX PLEASE); APT / SU		ZIP CODE		
ADDRESS (Residence or business)	512 East Riverside Dr Austin, Texas 78		The Town have Building		
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 445,683	EXTENSION .			
8 REPORTTYPE	January 15 30th day before electi		15th day after campaign freasurer appointment (officeholder only)		
	July 15 Bth day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THRC 7 /16 / OZ	DUGH 1 14	/03		
10 ELECTION	ELECTION DATE ELECTION TY Month Day Year	(PE			
	11/7/00 Primary	Runoff	General Special		
11 OFFICE	OFFICE HELD (it any) None	12 OFFICE SOUGHT (# know			
13 NOTICE OF DIRECT CAMPAIGN	Preciously sought 53 at District Court Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #, City: State;	Zip Code			
addifional pages					
	104 CARREST GO TO				

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS (JUDICIAL)

SCHEDULE A (J)

The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Schedule A(J):	
2 FILER NAMI	E	•	1 of 1	
John C. D. Droila, Jr.			3 ACCOUNT # (Ethics Commission filers) COC33144	
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		· · · · · · · · · · · · · · · · · · ·	T
20002	M. James Moritz		7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
	6 Contributor address; City; State; Zip Code 33เอ North land Dr เน้ะ		50,00	
	Austin, Toxas 7E731		ļ	! !
9 Contributors p Dentyst	orincipal occupation	10 Contributor's job	title	
11 Contributor's e		12 Law frm of contri	butor's spouse (if an	у)
13 If contributor is N A	a child, law firm of parent(s) (if any)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	- - - -	
Contributor's pr	incipal occupation	Contributor's job t	lille	
Contributor's employer/law firm		Law firm of contributor's spouse (if any)		
If contributor is	a child, law firm of parent(s) (if any)		······································	
Date .	Full name of contributor Out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description(if applicable)
	Contributor address; City; State; Zip Code	,	1	
Contributor's prin	ncipal occupation	Contributor's job ti	lle .	
Contributor's employer/law firm		Law firm of contrib	utor's spouse (if any)	
If contributor is a	child, law firm of parent(s) (if any)		<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

1-800-325-8506

LOANS (J	UDICIAL)		5	SCHEDULE E (J)		
The Instruction Guide explains how to complete this form.			1 Total pages Schedule E(J):			
2 FILERNAME	C. D. Drolla, Jr.		3 ACCOUNT# (EI			
TOTAL OF UNITEMIZED LOANS:			\$	\$ -0-		
5. Date of loan 7 Name of lender Out-of-state PAC (ID#: 1500,02 / MOV C) 1500 C 2500 C)	9 Loan Amount (\$) 300,00 300,00 300,00		
6 Is lender a financial Institution?	8 Lender address; City; State; Zip C	Code		10 Interest rate 6%		
Y (N)				11 Maturity date 1 JANO4		
12 Lender's Principal Oc	cupation	13 Lender's Job Title				
14 Lender's Employer/La	w Frim	15 Law Firm of lender's spouse (if any)				
16 If lender is child, law t	firm of parent(s) (if any)	·				
17 Description of Collate	ral					
18 GUARANTOR INFORMATION 19 Name of guarantor 21 Amount Guaranteed				21 Amount Guaranteed (\$)		
20 Guarantor address; City; State; Zip Code						
22 Guarantor's Principal Occupation 23 Guarantor's Jo			lle			
24 Guarantor's Employer	/Law Frim	25 Law Firm of guarantor's spouse (if any)				
26 If guarantor is child, law firm of parent(s) (if any)						
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.						

Austin, Texas 78711-2070

	CAL EXPENDITURES FROM PERSONAL FUNDS			SCHEDULE G
The Instruction	ом Guios explains how to complete this form.	1 Total pages this		ułe G:
2 FILERNAME John C. D. Droila, Jr. 3 ACCOUNT# (EIN OOC 3				•
4 Date	5 Payee name 6 Payee address; City; State; Zip Code		8	Amount (\$)
	7 Purpose of expenditure			Reimbursement from political contributions intended
Dale	Payee name Payee address; City; State; Zip Code			Arnount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Dale	Payee address; City; State, Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date	Payee name			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
Date .	Payee name Payee address; City; State; Zip Code			Amount (\$)
	Purpose of expenditure			Reimbursement from political contributions intended
	ATTACH ADDITIONAL COPIES OF THIS FORM AS	S NEEDED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

2 FILER NAME 3 ACCOUNT # (1 Total pages this Schedule I:
		2 ACCOUNT # JEN
Date	5 Payee name 6 Payee address; City; State; Zip Code 7 Purpose of expenditure (See instructions regarding type of information	8 Amount (\$)
Date	Payee address; City, State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information	a required.)
Date	Payee name Payee address; City; State; Zip Code	Arriount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.) :
Date	Payee name Payee address: City; Stale; Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information	required.)
Date .	Payee name Payee address; City; State; Zip Code	Amount (\$)
1		equired.)

OUTSTAN	NDING LOANS			SCHEDULE L	
· · · · · · · · · · · · · · · · · · ·				· ·	
The Instruction Gu	DIDE explains how to complete	this form,		1 Total pages this Schedule L:	
2 FILER NAME JOH	n C. D. Dro	olla, Jr.	,	3 ACCOUNT # (Ethics Commission filers)	
LENDER INFORMATION	4 Name of lender MBNA America				
	5 Lender address;	City;	State;	Zip Code	
GUARANTOR	6 Name of guarantor	. hwiller	HNG30h, DC	19850-5027	
INFORMATION	John C. T				
notapplicable	7 Guarantor address; 2005 South Oak	Canyon Re	state;	zip Code Texas 78746	
LENDER INFORMATION	Name of lender John C.	D. Drol	(2, Jr.		
	Lender address;	City,	Stale;	Zip Coxte	
GUARANTOR	2005 South Oak Cangon Road, Austin, Toxas 78746				
INFORMATION				A.	
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	f.ender address;	City;	State;	Ζφ Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	,	Zip Code	
GUARANTOR INFORMATION	Name of guarantor		·		
not applicable	Guarantor address:	City;	State;	Zip Code	
	ATTACH ADDI	TIONAL COPIES	OF THIS FORM AS N	IEEDED	